

CITY OF JERSEY CITY

Department of Recreation
One Chapel Avenue - Caven Point Complex
Jersey City, N.J. 07305
Phone: 201 - 547 - 5631
Fax: 201 - 547 - 5593



Steven M. Fulop, Mayor City of Jersey City Ryan Strother, Director Department of Recreation

Van/Bus Request Form

Please compl	ete the fol	llowing information for each	van requested:				
Date of Request: Number of Buses: Number of Vans:			Number of People:				
				Pick Up	Time	Point of Pick Up	
				1.			
2.							
3.							
Destination:							
Special Instru	ıctions: _						
	_						
Return Time:		(Time Leaving Destina	tion)				
Name of Gro	up:						
Contact Person:			Phone:				
Purpose of T	rip:						
Other City O	ffice Requ	esting Bus:					
Contact Person:			Phone:				
hereby waive all from all claims of an emergency, I	claims againg f any kind or give my pern	st all and discharge the City of Jersey nature in the event of any accident or i nission to the physician or designated	leared mentally/physically to be transported by a City of Jersey City Van/Bus. City and all its agents, employees or representatives in charge of this program njury encountered during this program. In the event that I can not be reached in hospital selected by the staff to hospitalize, secure proper treatment for, and that the Leave City Department of Beautiful is a programible for and the staff to hospitalize.				
		estination as mentioned.	that the Jersey City Department of Recreation is not responsible for passenger				
Signature:							
Approval: _							
Van/Bus Ass	signed:						

Reminder: All tolls and parking fees to be paid by group requesting buses. Any trips returning after 4:00 p.m. must have prior approval from the Department of Recreation.

Revised: 07/02/13